

# The Chief Registrar Programme: developing future leaders

**Author:** Orod Osanlou<sup>A</sup>

Since 1948, the NHS has developed and evolved to meet patient needs. However, recent times have seen an unprecedented rise in demand, driven by an ever-growing population who are increasingly elderly and comorbid, and an ever increasing expectation as to how advances in healthcare can and should be provided. Since 2012, there has been a steady increase in emergency department 4-hour breaches.<sup>1</sup> Terms such as ‘black alert’, indicating that the bed state is at a critical level, have now become the norm. Despite this, the NHS has suffered a fall in funding in terms of proportion of GDP, and this gap is predicted to widen by 2021.<sup>2</sup> Innovative ways of utilising staff and resources are necessary for the NHS to continue to evolve and meet patients’ needs.

Doctors in training are an integral part of the front line NHS. They have the energy, enthusiasm and expertise to drive and inspire change. However, their morale is as low as it has ever been.<sup>3</sup> There are serious concerns expressed regarding the quality of their training and of their ability to maintain a work-life balance with their jobs. They feel alienated by the government, and in recent years there has been a worrying fall in the number of applications to medical school.<sup>4</sup> It is clear that more needs to be done to improve the working life of doctors in training or their numbers may well begin to dwindle. Fewer doctors on the ground may result in more intense shift work and shift patterns, further exacerbating an already critical picture. Increasingly service-driven jobs will additionally provide less opportunity for learning, teaching, innovation and quality improvement.

There is often discussion regarding the ‘dark side’ of management. However, as discussed by Simon Constable in this issue of the *Future Hospital Journal*,<sup>5</sup> being a senior manager and leader within the NHS is far from being a dark art. When faced with a problem, some of us keep our heads down in the hope that someone else will find a solution, others might complain about their predicament and most of us would admit to some defeatist attitudes at some stage during our working lives. In addition, although we may recognise that individuals’ active attempts to make a difference are essential if beneficial change is to be realised, repeated failed attempts to innovate can encourage a culture of passive acceptance of substandard care for patients. Indeed, one of the key findings highlighted by the Francis report was that suboptimal patient care became

normalised and went unchallenged.<sup>6</sup> Empowering doctors in training, providing them with a legitimate voice to argue for and generate change, can directly challenge and reverse this culture. Nevertheless, relatively few doctors become involved in formal senior management positions despite the observation that hospitals who employ a physician as chief executive officer tend to fare better than those that don’t.<sup>7</sup> So, how can we facilitate junior doctors to drive change?

The Chief Registrar Programme is a leadership development scheme delivered by the Future Hospital Programme.<sup>8</sup> Launched in spring 2016, it has been developed as a result of the Future Hospital Commission report,<sup>9</sup> which recommended the development of senior trainee leadership roles with a focus on implementing high-quality and safe care. The programme has an educational element, which is supported by the Faculty of Medical Leadership and Management<sup>10</sup> with additional links to the NHS Entrepreneurial Scheme.<sup>11</sup> It is designed to develop emergent NHS leaders for the future, with an expectation that chief registrars may gain the knowledge, skills and attitudes to encourage them to go on to apply and succeed in roles such as clinical director, medical director and chief executive later in their careers.

Chief registrars have 40–50% of their time dedicated to leadership and management. They have regular and direct access to the senior management team within their hospitals, including clinical leads and medical directors with whom they can support in delivering their workload. These empowered doctors act as a conduit between management and medical staff and are taking leadership responsibility for projects that improve patient outcomes, teaching and training, quality improvement, and initiatives aimed at improving the life of the medical doctor in training, as well as contributing to a change in culture within their trust.

Subsequent to the initial pilot of 10 chief registrars, the cohort was expanded in August 2016 to 21 posts. Following this extended pilot, the Future Hospital Programme Board will formally evaluate the scheme in terms of patient experience outcomes, professional development of chief registrars and effects on organisational culture. The ultimate aim is to expand the chief registrar programme to every hospital in the country and to eventually open the scheme to all doctors in higher specialty training and allied health professionals.

Much has been done already but more support is needed from NHS organisations to enable these programmes to expand. An NHS where every hospital has a chief registrar who works closely with a chief of medicine would truly facilitate a shift in culture that embraces change and improvements to patient

**Author:** <sup>A</sup>chief registrar, Warrington and Halton Hospitals NHS Foundation Trust, Warrington, UK and Department of Molecular and Clinical Pharmacology, University of Liverpool, Liverpool, UK

services. The future of the NHS is unclear but will inevitably be complex and ever changing. An adaptive and innovative NHS is essential to its future prosperity. Doctors in training are in a perfect position to enable and drive change. Schemes such as the chief registrar project empower and educate the future leaders of the NHS and are crucial but require support and expansion to meet the changing needs of the NHS. ■

### Conflicts of interest

The author has no conflicts of interest to declare.

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**Address for correspondence: Dr Orod Osanlou, The Wolfson Centre for Personalised Medicine, Block A: Waterhouse Building, 1–5 Brownlow Street, Liverpool L69 3GL, UK. Email: [orodosanlou@gmail.com](mailto:orodosanlou@gmail.com)**